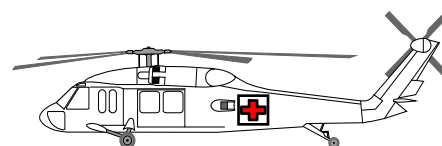
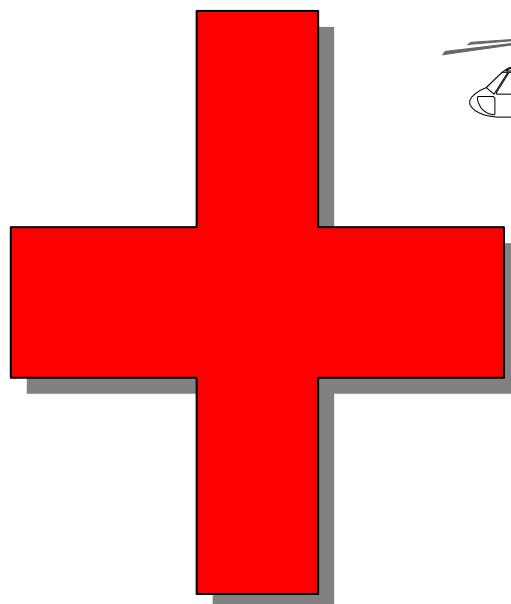


Effective Date: 18 JULY 2008

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# United States Army Garrison Hohenfels

## Standard Operating Procedures for Medical Evacuations (MEDEVAC) and Mass Casualty (MASCAL) Operations



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**Summary:** This is the Standard Operating Procedure for the Medical Evacuation (MEDEVAC) process for the United States Army Garrison Hohenfels at the Joint Multinational Readiness Center (JMRC). This SOP outlines the MEDEVAC process, defines agency responsibilities, and reporting procedures for both ground and air Medical Evacuation.

**Applicability:** This Standard Operating Procedure (SOP) applies to all units and personnel assigned or attached to the US Army Garrison Hohenfels Germany.

**Proponent:** The proponent of this SOP is the Directorate of Emergency Services at 466-1580. Users may send suggestions to improve the SOP to global email: "DL IMA-E Hohenfels DES".

IMEU-HHF-ZA (40)

SUBJECT: Standard Operating Procedures for Medical Evacuations (MEDEVAC) and Mass Casualty (MASCAL) Operations



**DEPARTMENT OF THE ARMY  
U.S. ARMY GARRISON HOHENFELS  
UNIT# 28216  
APO AE 09173**

IMEU-HHF-ZA (40)

28 March 2008

**MEMORANDUM FOR RECORD**

SUBJECT: Standard Operating Procedures for Medical Evacuations (MEDEVAC) and Mass Casualty (MASCAL) Operations

**1. Purpose.** To establish standards and procedures for medical evacuations (MEDEVAC) and Mass Casualty (MASCAL) operations during training or non-training accidents, natural disasters, terrorist activities, civil unrest or other situations that occur without forewarning, and which place an immediate, overwhelming strain on the organic resources of the Hohenfels Health Clinic in the Joint Multinational Readiness Center (JMRC) Hohenfels, Germany.

**2. General.** This standard operating procedure (SOP) is intended to synchronize and expedite medical care for the injured, ill, or in the event of a major accident or terrorist attack, mass casualties. The JMRC has an air MEDEVAC crew on call during all training rotations. The German Red Cross (Deutsches Rotes Kreuz- DRK) also provides the JMRC with emergency and life saving transportation by both ground and air through the Bavarian Red Cross (Bayerisches Rotes Kreuz- BRK) regional offices. During rotations, the JMRC Division Tactical Operations Center (DTOC) is the controlling agency with regards to the medical evacuation process at JMRC. Hohenfels IOC is the primary agency in the event that the DTOC is closed (during non-rotational periods) or unable to respond.

**3. Applicability.** This SOP is applicable to all units and personnel assigned, training at or attached to the U.S. Army Garrison Hohenfels, Germany.

**4. Procedures.**

**a. ROUTINE EVACUATION PROCEDURES:**

(1) During normal duty hours, if the illness or injury is categorized as ROUTINE, the patient should be transported to his/her supporting aid station (i.e. Training unit BN Aid Station, 1-4 IN BN Aid Station, or the Hohenfels Health Clinic).

(2) Rotational Training Unit (RTU) patients or tenant unit patients who require treatment beyond the capabilities of their supporting aid station may be referred to the Hohenfels Health Clinic.

(3) If the Hohenfels Health Clinic is closed or it is determined that further evacuation from the Hohenfels Health Clinic to a local hospital is required, the initiator of the request or the Hohenfels Medical Officer of the Day (MOD) will coordinate through the Hohenfels Fire Department (DSN 116 or 117) for a BRK transfer.

(4) In the case of RTU patients, and in the MTF senior medical personnel's judgment, the patient may be transferred directly from the field location to a local hospital to expedite the evacuation and bypass the Hohenfels Health Clinic. This should be coordinated through DTOC who will coordinate for German Red Cross (BRK) support. However, in the event DTOC is not available, the unit may contact the Fire Department, the IOC or Hohenfels Health Clinic for a BRK transfer.

b. MEDICAL EVACUATION (MEDEVAC) PROCEDURES.

(1) **Ground evacuation** (ambulance)-

(a) Contact the Fire Department (DSN 116 or 117) or IOC (466-2819/4519) and request a ground evacuation. Provide either agency with lines 1 through 6 of the Nine Line Medical Evacuation Request (see Annex A: Nine Line MEDEVAC Request).

(b) The Fire Department or IOC will activate the RED MEDEVAC Line requesting BRK for ground MEDEVAC (See Annex C: Communications Diagram). The Hohenfels Fire Department has the primary responsibility for coordinating and escorting the BRK. Once a supporting HN hospital determination is made, the Fire Department will notify all agencies via the RED MEDEVAC line.

(2) **Air evacuation** (U.S. or host nation aircraft). Applies during "real world" emergency cases that require evacuation in order to save life, limb, or eyesight (classification: **URGENT**) ; or, when the sick or injured person requires evacuation within a maximum of four (4) hours to prevent deterioration of such condition to a degree that a patient would become an urgent procedure (classification: **PRIORITY**).

(a) Initiation of an air MEDEVAC will normally occur through telephonic alert or SINCGARS radio via emergency frequency 30.750 (alternate frequency is 58.000). Upon receipt of alert-

1- receiver of report will initiate the RED MEDEVAC line

2- all responders will record the Nine Line MEDEVAC request

3- the unit requesting the MEDEVAC is responsible for selecting and properly marking the landing zone (LZ). The selection must take into account the size of the open area, power or other lines and height of trees within 100 meters of LZ, use of NBC (CS gas) in the area, slope of the ground and other ground hazards (stumps, boulders, etc.). If the MEDEVAC Air Crew determines that the LZ is inadequate, the unit will take directions from the aircraft.

4- unit requestor will establish communications on FM 30.750 to maintain communications with IOC (and/or DTOC) and the MEDEVAC aircraft.

5- once communication has been established between MEDEVAC and the requestor, all coordination will come from the aircraft. In the event that the requestor does not have FM capability, coordination will go between responder, IOC/ DTOC/Airfield Operations and the (U.S.) MEDEVAC crew. Communication with host nation (HN) aircraft will be coordinated through the Airfield Operations or the BRK emergency doctor (Notarzt) on scene.

**c. MASS CASUALTY (MASCAL) PROCEDURES.** A MASCAL is defined as any incident that exceeds the installation's emergency response capabilities. Upon notification of a MASCAL, the receiver of the report will:

(1) Request cessation of all hazardous activities throughout JMRC from the installation operations center (tel. 466-2819/4519) and/or DTOC (tel. 520-5330/5344). The DTOC will make a net-call to all units training in JMRC, tasking all available medical assets to immediately report to the health clinic, as necessary. (The DTOC will also notify 1-4 IN to recall all available medical assets to the health clinic.)

(2) The Directorate of Plans, Training, Mobility and Security (DPTMS), U.S. Army Garrison Hohenfels will recall the Crisis Management Action Team (CMT) who will execute command and control and coordinate all emergency procedures IAW installation contingency operations response plans.

(3) The senior military policeman at the scene will assume temporary command of the site until relieved by proper authority (USAG Hohenfels DES/Fire Chief/HN officials). Military Police will implement appropriate security measures immediately upon arrival at the site and will request the quick reaction force (QRF) or coordinate with local authorities to ensure crowd, traffic, and media control.

(a) The Initial On-Site Commander (usually the USAG Commander/Fire Chief/DES are in charge of the scene) will establish command and control on site as soon as possible to direct site security and rescue operations.

(b) The MOD (or Clinic Commander, as applicable) will-

1- act as clinic on-site commander as situation dictates to evaluate, treat, and direct evacuation of casualties until relieved by clinic commander and HN medical authority.

2- act as liaison officer between clinic and outside agencies, i.e., Directorate of Human Resources (DHR), Public Affairs Officer (PAO), Family Assistance Center (FAC), Chaplain, etc to disseminate, control, and protect patient information.

(c) The assessment of the situation by the Fire Chief will determine if additional fire fighting/medical services will be required.

(d) The Fire Chief will assess the threat to emergency response personnel of possible secondary explosive devices, chemical hazards, electrical hazards, and structural failure possibilities and notify other emergency responders of identified hazards requiring special precautions or equipment.

(e) The on-call Patient Liaison will report to the Rettungleitstelle in Regensburg to receive information on the number/types of injuries, names, locations and others pertinent patient information and relay this to the clinic MASCAL commander.

## **5. Responsibilities.**

### **a. Tenant Units / Activities / Directorates.**

(1) Ensure personnel are familiar with a 9 Line MEDEVAC Request, the procedures using the MEDEVAC frequency (FM 30.750/58.000 single channel/plain text), and the requirement for a UH-60 or UH-1 LZ.

(2) Ensure organic and supporting medical personnel are familiar with Hohenfels Training Area Ambulance Exchange Points (AXP) (See the JMRC Medical Evacuation SOP).

(3) Provide detailed follow up information to the IOC, Fire Department, or clinic on **all** evacuated personnel in order to complete a Command Interest Report (CIR).

### **b. Hohenfels Army Airfield (HAAF) Base Operations.**

(1) Respond to all RED LINE MEDEVAC calls.

(2) Monitors the primary MEDEVAC frequency (FM 30.750) or alternate frequency when directed.

(3) Serves as Net Control Station (NCS) for RED MEDEVAC line.

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(4) During tower closures, upon notification of an air MEDEVAC operation, HAAF Base Operations will immediately ground or divert aviation assets for the duration of the MEDEVAC operation (time of notification until MEDEVAC aircraft has departed EDR-137).

(5) Immediately call the Emergency Call Center (Rettungseinsatzstelle), phone number 19222. Forward all necessary information and obtain the name of the hospital to which the patient is to be air evacuated.

(6) Immediately notify the MEDEVAC aircraft, by use of SINGCARS (FM) radio, as to which hospital the patient is to be transported.

(7) Immediately notify DTOC, IOC and/or the Health Clinic of the hospital the patient is being transported.

(8) The HAAF Base Operations will standby to relay coordinating instructions between the initiating agency and the MEDEVAC crew as necessary.

(9) Request GTA MEDEVAC (475-8345 ) support if HTA MEDEVAC assets are not available for any reason, or during MASCAL incidents.

(10) Conduct daily RED LINE MEDEVAC communications test.

(11) Notify the Fire Department and Health Clinic when the MEDEVAC Air Crew and/or aircraft are not available, i.e., conducting a training flight or aircraft maintenance. This is a shared responsibility with the IOC.

c. Hohenfels Fire Department (FD) Responsibilities.

(1) Primary coordinator for BRK air/ground assets and local German Hospital determination.

(2) Respond to all RED MEDEVAC calls.

(3) All firefighters must complete aircraft static load training quarterly. Additionally, all firefighters must conduct a familiarization training flight prior to flying on a real world mission.

(4) All firefighters will be approved, in writing, by the Garrison Commander to fly on military aircraft.

(5) The FD is responsible for transporting firefighters and equipment to HAAF in a rapid manner.

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(6) The FD is responsible for transporting firefighters and equipment from the accident site back to the Fire Station.

d. Installation Operations Center (IOC) Responsibilities.

(1) Central point of contact for all MEDEVACs, air and ground, from the JMRC during **non**-rotational periods.

(2) Monitor the Primary MEDEVAC Frequency (FM 30.750 single channel/plain text) and the Alternate Frequency (FM 58.000 single channel/plain text (SC/PT)).

(3) Respond to all calls on the RED MEDEVAC LINE IAW Joint Multinational Readiness Center Medical Evacuation Standard Operating Procedures.

(4) Journal all MEDEVAC actions as reported by responders in the Daily Staff Duty Journal.

(5) Keep all **RED MEDEVAC LINE** members informed of all MEDEVACs, air and ground, from the JMRC.

(6) Publish CIR IAW IOC SOP.

(7) During JMRC rotational training, conduct daily (FM) radio checks on 30.750/58.000 SC PT with MEDEVAC crew and journal results.

(8) The incoming aircrew will report to Building 309 to sign for radios (OCCS) and the MEDEVAC quarters. Mission briefs will be provided by DTOC.

(9) Keep the Garrison Commander and higher headquarters informed of all command critical information requirements (CCIR). Information will be sent to through the current CIR distribution list.

(10) Notify the Fire Department and Health Clinic when the MEDEVAC Air Crew and/or aircraft are not available, i.e., conducting a training flight or aircraft maintenance.

e. Hohenfels Health Clinic Responsibilities.

(1) Respond to all calls on the RED MEDEVAC LINE IAW JMRC Medical Evacuation Standard Operating Procedures.

(2) Notify Patient Liaison of all Soldiers transferred to local hospitals.

(3) Keep all **RED MEDEVAC LINE** members informed of all MEDEVACs, air and ground, from the JMRC.

(4) Keep the IOC informed on the status of patients evacuated to local area hospitals. Keep the DTOC informed of all rotational training unit (RTU) Soldiers evacuated to local hospitals during rotations.

f. Medical Evacuation Air Crew Responsibilities. Duties and responsibilities are covered under a memorandum of agreement between the 421<sup>st</sup> Medical Evacuation Battalion (V Corps) and 7<sup>th</sup> Army Training Command (See the JMRC Medical Evacuation SOP).

g. Military Police Responsibilities.

(1) Respond to all calls on the RED MEDEVAC LINE IAW JMRC Medical Evacuation SOP.

(2) Journal all MEDEVAC actions as reported by responders in the Daily Staff Duty Journal or MP Blotter, as applicable.

(3) When the Military Police Desk Sergeant (MPDS) receives the initial telephonic notification of an emergency, the MPDS will gather all required information using the Emergency Call Information Worksheet form located in Appendix B of this SOP and immediately disseminate information to the Fire Department.

## **6. Coordinating instructions.**

a. All requests for ground evacuation (ambulance) will go through the Fire Department or the Hohenfels Health clinic. The installation does not have organic ambulances. All ambulance support is provided by the HN medical responders.

b. The Fire Department will escort all BRK vehicles and personnel onto the installation, when available.

c. The Military Police or Fire Department will escort all BRK vehicles and personnel onto the installation when the Fire Department is unavailable.

d. Upon activation of the RED MEDEVAC Line, all responders will **wait** for coordinating instructions from the initiator and ask clarifying questions once the Nine Line MEDEVAC Request has been stated. Do not interrupt the initiator as valuable time may be lost repeating information.

e. The Fire Department is capable of being airlifted to the scene of an accident and extracting patients from vehicles. If an accident occurs in hilly terrain or in remote areas which are difficult to enter, ask the requestor of the MEDEVAC if a patient sling or the "Jaws of Life" are needed.



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f. Once on-scene command is established (either by USAG DES or Host Nation) DTOC will defer C2 coordination to the on-scene commander and assume a supporting role.

g. MEDEVAC request drills/rehearsals will be conducted monthly, or as initiated by the HAAF Base Operations.

KEVIN J. QUARLES  
LTC, IN  
Commanding

Annexes:

A: Nine Line Medical Evacuation Request  
B: Emergency Call Information Worksheet  
C: Communications Diagram  
D: Decision Tree

# **ANNEX A (NINE LINE MEDICAL EVACUATION REQUEST) TO USAG HOHENFELS STANDARD OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND MASS CASUALTY (MASCAL) OPERATIONS**

**LINE 1:** Location of the pickup site:

**LINE 2:** Radio frequency, call sign, and suffix:

**LINE 3:** Number of patients by precedence:

- a. Urgent
- b. Priority
- c. Routine

**LINE 4:** Special equipment required:

- a. None
- b. Hoist
- c. Extraction equipment, i.e. "jaws of life", pump, or lifting bags
- d. AED

**LINE 5:** Number of patients:

- a. Litter
- b. Ambulatory

**LINE 6:** Peacetime Situation:

- a. Specific information regarding patient wounds by type (gunshot or shrapnel)
- b. Report serious bleeding, along with patient's blood type, if known

**LINE 7:** Methods of marking pick-up site:

- a. Panels
- b. Pyrotechnic signal
- c. Smoke signal
- d. None
- e. Other

**LINE 8:** Patient nationality and status;

- a. US Military
- b. US civilian
- c. Non-US Military
- d. Non-US Civilian

**LINE 9:** Terrain (peacetime):

- a. Description of the terrain in and around the pickup site to aid the pilot in locating your position.
- b. If possible, describe the relationship of site to a prominent terrain feature (lake, mountain, tower).

**ANNEX B (MEDICAL CALL WORKSHEET) TO USAG HOHENFELS STANDARD  
OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND  
MASS CASUALTY (MASCAL) OPERATIONS**

TIME OF CALL (Anrufannahme)  
TIME EMS DISPATCHED: (EMS Aktivierung)  
TIME EMS ARRIVES (EMS Vorort)

(Wo sind Sie?)  
WHERE ARE YOU?:

---

(Wer sind Sie?)  
WHO ARE YOU?:

---

(Ihre Telefonnummer?)  
WHAT IS YOUR PHONE NUMBER THERE?:

---

(Ist Gefahr im Verzug?)  
ARE THERE ANY HAZARDS?:

---

(Anzahl der Verletzten/Kranken)  
HOW MANY ARE HURT/SICK:

---

(Welche Verletzung/Krankheit)  
WHAT IS THE NATURE OF THE ILLNESS/INJURY:  
1.

---

2.

---

3.

---

(Zeitpunkt des Unfalls/Krankheit)  
WHEN DID THE ACCIDENT/ILLNESS HAPPEN:

---

(Alter und Geschlecht der Opfer)  
WHAT ARE THE AGES AND GENDER OF THE VICTIMS:

---

---

**IF YOU ARE NOT IN DANGER, PLEASE STAY ON THE LINE UNTIL HELP ARRIVES,  
WE ARE DISPATCHING EMERGENCY SERVICES TO YOUR LOCATION NOW.**

**AGENCY TAKING THIS CALL**

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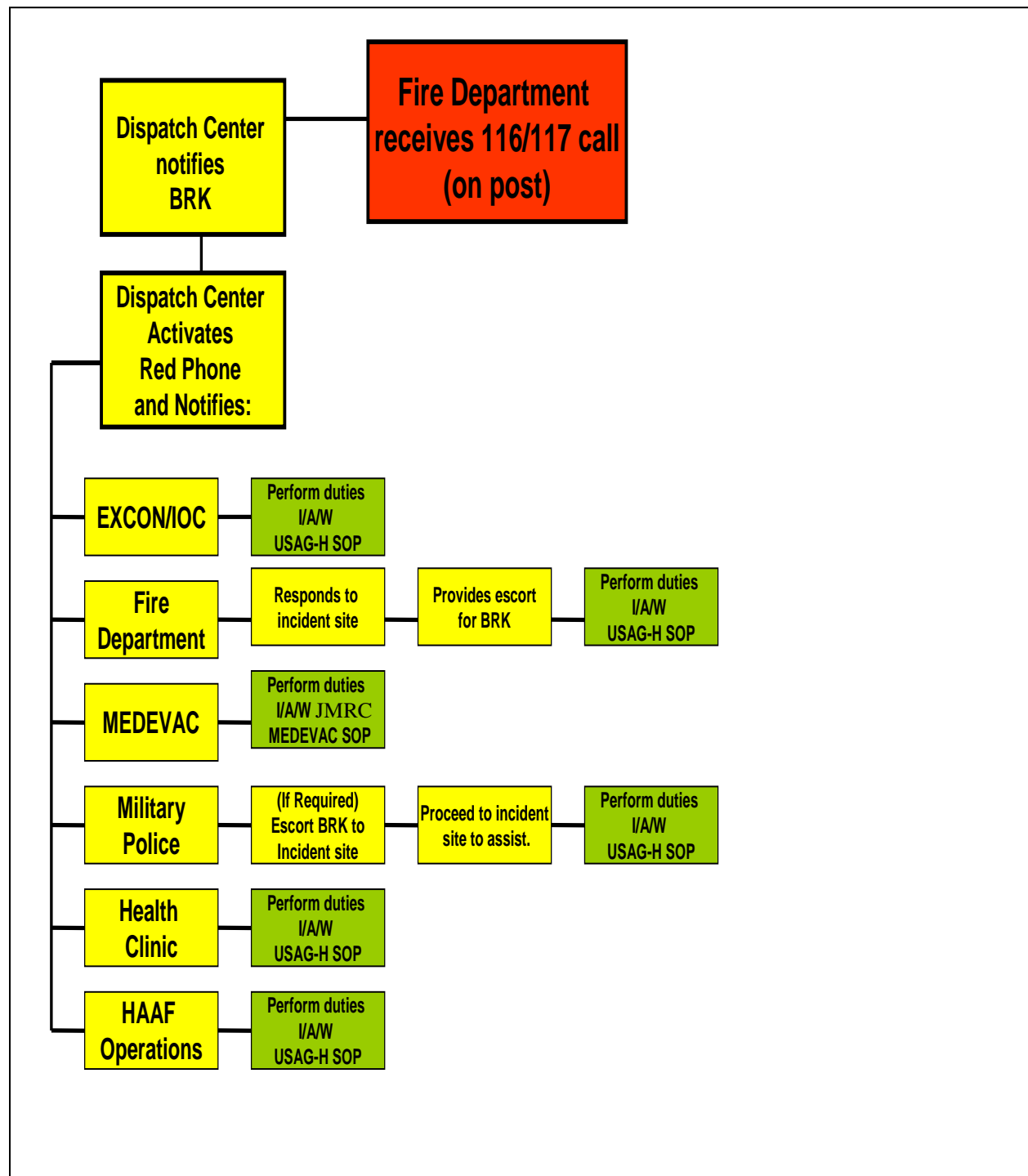
**NAME OF THE PERSON (POC) TAKING THIS CALL**

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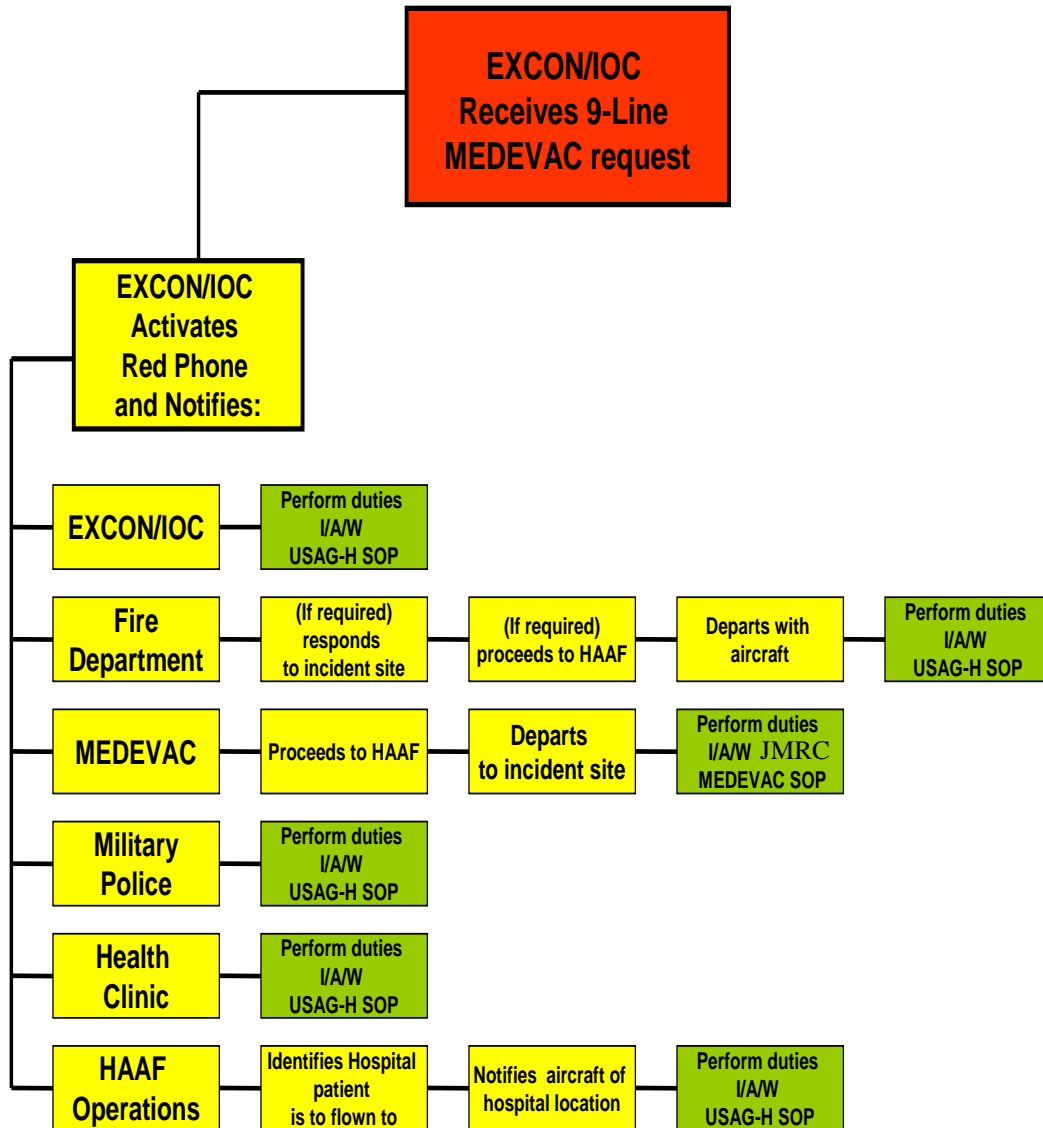
**ANNEX B (MEDICAL CALL WORKSHEET) TO USAG HOHENFELS STANDARD  
OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND  
MASS CASUALTY (MASCAL) OPERATIONS**

**Upon termination of this emergency, immediately forward this copy to the USAG-H  
Safety Office.**

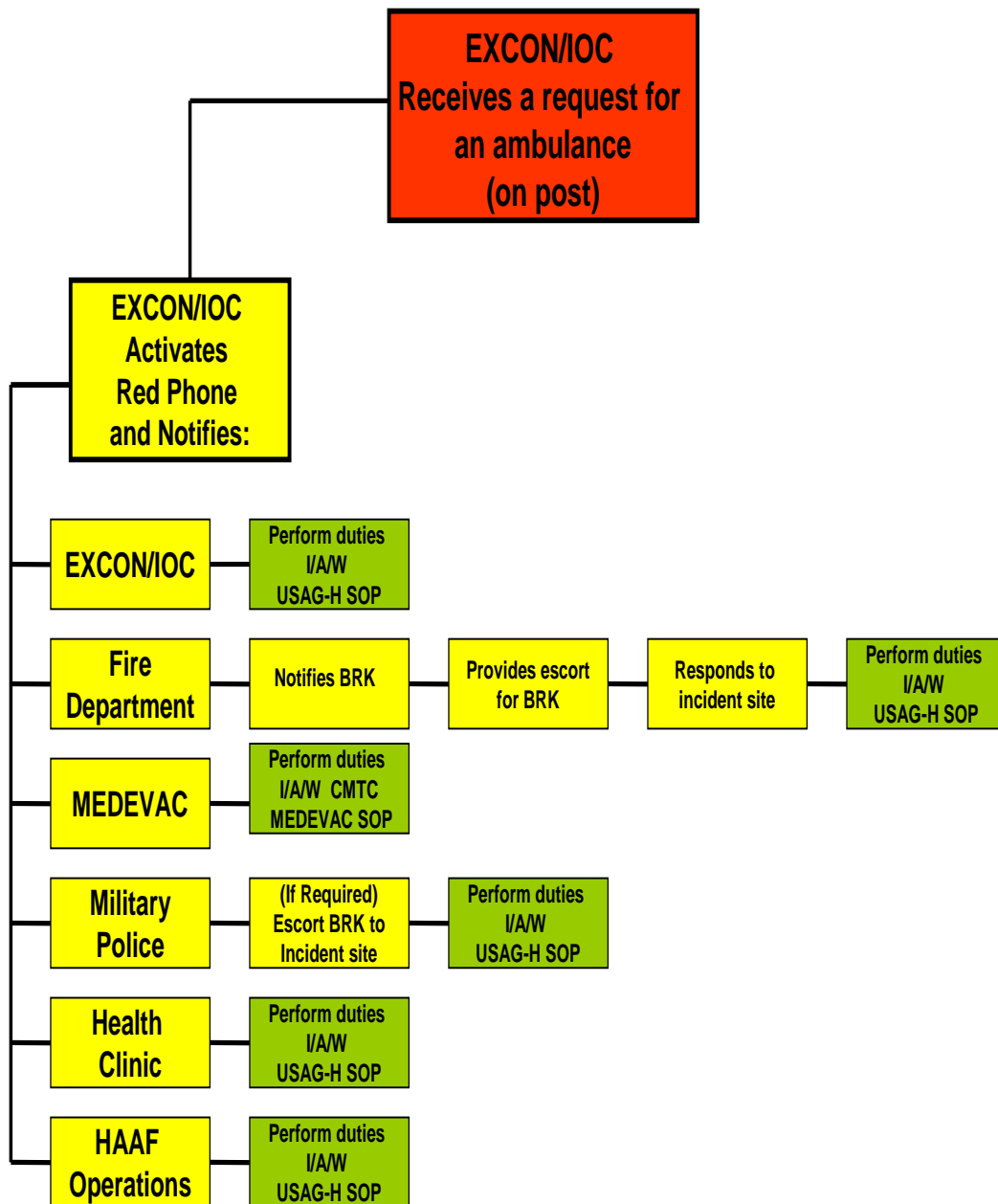
**ANNEX C (COMMUNICATIONS DIAGRAM) TO USAG HOHENFELS STANDARD  
OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND  
MASS CASUALTY (MASCAL) OPERATIONS**



**ANNEX C (COMMUNICATIONS DIAGRAM) TO USAG HOHENFELS STANDARD  
OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND  
MASS CASUALTY (MASCAL) OPERATIONS**



**ANNEX C (COMMUNICATIONS DIAGRAM) TO USAG HOHENFELS STANDARD  
OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND  
MASS CASUALTY (MASCAL) OPERATIONS**



**ANNEX D (DECISION TREE) TO USAG HOHENFELS STANDARD OPERATING PROCEDURES FOR MEDICAL EVACUATIONS (MEDEVAC) AND MASS CASUALTY (MASCAL) OPERATIONS**

